

INDIVIDUAL AWARD NOMINATION FORM

Award Category: (Circle One):

Accounting
Resource Management
Comptrollership

Budgeting
Analysis + Evaluation
Intern/Trainee

Calendar Year _____

Service: NV

Intern/Trainee From: _____ To: _____
(Intern/Trainee Category Only)

Nominee Data

Activity Name: _____

Command Level: Major Command Headquarters Unit under Major Command

Name: _____
RANK/GRADE FIRST NAME M.I. LAST NAME

Position/Title: _____

Office Address: (Include Zip + 4 Code)

Telephone: _____ Facsimile: _____
DSN/COMMERCIAL DSN/COMMERCIAL

E-mail Address: _____

Nominator Data

Name: _____
RANK/GRADE FIRST NAME M.I. LAST NAME

SIGNATURE DATE

Position/Title: _____

Office Address: (Include Zip + 4 Code)

Telephone: _____ Facsimile: _____
DSN/COMMERCIAL DSN/COMMERCIAL

E-mail Address: _____

NAVMED 5305/1 (02-01)